



TEXAS BOARD OF HEALTH
APPLICATION FOR ADVISORY COMMITTEE APPOINTMENT

Name of Committee/Board _____ Initial appointment ☐ Reappointment ☐

Position Applied for _____
(Choose from the list of positions in the Board of Health rules relating to this committee/board.)

Please complete this application in a brief, yet informative manner. If questions are not applicable, enter "NA". Your eligibility will be determined from the information you submit in this application. No resumes will be considered.

1. Name: _____
First Middle Last

2. Race/Ethnicity: ☐ White
☐ Black
☐ Hispanic
☐ American Indian/Alaskan
☐ Asian/Pacific Islander
☐ Other: _____

3. Gender: ☐ Male
☐ Female

4. Education: _____

5. Professional License, Registration or Certification, if applicable: _____

6. Relevant Experience (paid employment or volunteer): _____

7. Why do you wish to serve in this capacity? _____

8. Personal and professional achievements (include activities which address contributions you could make to the committee or board):

9. Have you ever been disciplined by any licensing board/professional or civic organization? ☐ Yes ☐ No If yes, please explain:

10. Have you ever been convicted of a felony or a misdemeanor (excluding traffic violations)? ☐ Yes ☐ No If yes, please explain:

11. Home Address

12. Employment Address

Street or P.O. Box Apartment #

Name of Employer

City State Zip

Street or P.O. Box Suite #

Area Code/Home Telephone Facsimile Number

City State Zip

Home email

Area Code/Business Telephone Facsimile Number

13. Please indicate where you would like to receive future communications:

Current Position Title

Home Employment

Work email

14. TWO LETTERS OF RECOMMENDATION FROM PROFESSIONAL AND/OR CIVIC ORGANIZATIONS MUST BE ATTACHED.

I ATTEST THAT ALL INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND CORRECT.

Signature of Nominee

Date

PLEASE RETURN THIS FORM TO:

Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3199

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004).